

DEPARTMENT OF THE ARMY
HEADQUARTERS U.S. ARMY SIGNAL CENTER AND FORT GORDON
FORT GORDON, GEORGIA

ATZH-CG

Feb 22, 2000

MEMORANDUM FOR ALL MILITARY AND CIVILIAN STUDENTS ATTENDING
TRADOC SCHOOLS AT FORT GORDON, GEORGIA

SUBJECT: Commanding General's Policy Memorandum No. 24 - Medical
Support to Trauma Victims

This policy specifies the minimum essential medical support required for all training activities.

2. The base level support, Advance Trauma Life Support (ATLS) services must be available for all training activities. The ATLS services are to be capable of responding to an incident providing the necessary interim support, transportation, and definitive clinical treatment within one hour. Definitive clinical treatment for ATLS is defined as the provisions of trauma care by either a physician or a physician's assistant.
3. Activities classified as high-risk require additional medical support to complement the ATLS capability. The matrix, which will appear in the capstone reference, TR 350-70, lists the training activities identified as high or extremely high risk, and shows the minimum additional support required for those activities.
4. To provide commanders and school commandants a degree of flexibility in allocating resources and the programming of training, levels of medical support for each activity are to be based upon a risk assessment and Mission, Enemy, Terrain, Troops and Time available analysis. Where commanders and school commandants consider it necessary to provide a higher than minimum level of medical support to any activity, they may do so at their own discretion. When a particular risk assessment indicates a lower level of support than the minimum required, commanders and school commandants may authorize the appropriate lower level of support with the concurrence of the commander of the Medical Treatment Facility. When a decision is taken lower the level of medical support below the minimum required for any particular training activity, the TRADOC Safety Office must be informed.

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5. Commanders and school commandants will assess and certify the adequacy of medical support to training at least annually. This responsibility will not be delegated. Commanders and school commandants conducting high-risk training shall rehearse their medical support (casualty response, evacuation, and treatment) plan at least annually, focusing on response to a training catastrophe.

6. This policy is designed to save soldier and civilian lives whenever they commit themselves to realistic and challenging training. It provides an investment in trust, with all soldiers, that the Army will look after its own when they face the inherent risks of their daily work.

PETER M. CUVIELLO
Major General, USA
Commanding General